



TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156 MC-230
Austin TX 78753
www.txls.texas.gov
Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only
Transaction # RPLS
Entity #
Receipt #

UPDATE APPLICATION RPLS or RCP EXAM

1. Instructions for Filing Application

- Read the Candidate Guidelines, the Act, and the Rules before submitting this application.
- All information requested on this form must be clearly typewritten or lettered in black ink. All questions must be answered. Failure to complete any portion of the application will disqualify the application from Board review.
- The application should be prepared in duplicate. The original must be submitted to the Board office and you should retain the duplicate.
- An examination fee in the form of a cashier's check or money order, made payable to the Board, of **one hundred fifty dollars (\$150.00)** must accompany this application. All fees are non-refundable. **No personal checks will be accepted.**

2. Update of General Information

Date _____

- Last Name _____ First Name _____ Middle Name _____
- Social Security No. _____ Driver's License No. _____
- Residence Address: Street _____
City _____ County _____ State _____ Zip _____
Email Address _____
- Business Firm Name _____
Firm Number _____
Street or P. O. Box _____
City _____ State _____ Zip _____
Email Address _____
- Telephone Numbers
Residence () _____ Business () _____
- Present Position _____
- Membership in Societies, Associations _____
- Please indicate which exam(s) you wish to take. ☐ Legal ☐ Analytical ☐ Reciprocal

Attach a recent,
passport type
photograph in this
box. Trim
photograph to fill the
space.

Use ballpoint pen to
sign and date
photograph.

3. Registration Other Than Under This Act

Are you registered as a Surveyor in other states? _____ If yes, complete the information below:

State _____ Registration No _____ Date Registered _____ Expiration _____

Has your license been subject to disciplinary action? _____ Please submit a supplemental page explaining any action taken.

If licensed as a surveyor in another state you will be required to submit a License Verification Form from that state Board.

4. Update of Education Completed from Date of Last Application

Transcripts/Certificates supporting completion of all course work listed below must be submitted with application.

Name and Location of Institution	Years From To		Date Graduated	Technical Course	Degree Received
Surveying Education					
College/University Other Than Surveying					

5. Update of Professional Surveying Experience from Date of Last Application

Employment and Experience Information. Numbered answers **must** correspond to numbered questions. If time breaks occurs between surveying employment, indicate general nature of occupation.

1. Name of Employer
2. Employer's Address
3. Title(s) of your position(s) and date(s) each title obtained
4. Name and present address of Registered Professional Land Surveyor
5. Character of work performed

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month/Day /Year	To Month/Day /Year		Total	Sub- Professional	Professional
		1. _____ 2. _____ 3. _____ 4. _____ 5. _____			

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month/Day /Year	To Month/Day /Year		Total	Sub- Professional	Professional
		1. _____ 2. _____ 3. _____ 4. _____ 5. _____			

6. Certification

I hereby certify under penalty that the information contained herein is true and correct to the best of my knowledge, information and belief.

Signature

Date

Printed Name